## CHILD AND AUDLT CARE FOOD PROGRAM-EMERGENCY/HOMELESS SHELTERS MEAL COUNT RECORD

Shelter:	Date	<b>)</b> :			Date:				Date:				Date:				Date: Da				Date	ate:				Date:			
From: To:																													
Participant Name:	Breakfast	Lunch	Supper	Snack	Breakfast	Lunch	Supper	Snack	Breakfast	Lunch	Supper	Snack	Breakfast	Lunch	Supper	Snack	Breakfast	Lunch	Supper	Snack	Breakfast	Lunch	Supper	Snack	Breakfast	Lunch	Supper	Snack	
																												_	
Daily Totals																												_	
WEEKLY MEAL CONSOLIDATION	BRE	BREAKFAST LUN								UNCH						SUPPER							SNACK						